

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
PRI DETERMINATION	J. G.		7/11/50
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		12/21	8-28-50
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 □ ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	5/5/50
2	✓	✓	5/5/50
3	✓	✓	5/5/50
4	✓	✓	5/5/50
5	✓	✓	5/5/50
6	✓	✓	5/5/50
7	✓	✓	5/5/50
8	✓	✓	5/5/50
9	✓	✓	5/5/50
10	✓	✓	5/5/50
11	✓	✓	5/5/50
12	✓	✓	5/5/50
13	✓	✓	5/5/50
14	✓	✓	5/5/50
15	✓	✓	5/5/50
16	✓	✓	5/5/50
17	✓	✓	5/5/50
18	✓	✓	5/5/50
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23	✓	✓	5/5/50
24	✓	✓	5/5/50
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29	✓	✓	5/5/50
30	✓	✓	5/5/50
31	✓	✓	5/5/50
32	✓	✓	5/5/50
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42	✓	✓	5/5/50
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47	✓	✓	5/5/50
48	✓	✓	5/5/50
49	✓	✓	5/5/50
50	✓	✓	5/5/50

Claim	Final	Original	Date
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52	✓	✓	5/5/50
53	✓	✓	5/5/50
54	✓	✓	5/5/50
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99	✓	✓	5/5/50
100	✓	✓	5/5/50

Claim	Final	Original	Date
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102	✓	✓	5/5/50
103	✓	✓	5/5/50
104	✓	✓	5/5/50
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107	✓	✓	5/5/50
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110	✓	✓	5/5/50
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113	✓	✓	5/5/50
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144	✓	✓	5/5/50
145	✓	✓	5/5/50
146	✓	✓	5/5/50
147	✓	✓	5/5/50
148	✓	✓	5/5/50
149	✓	✓	5/5/50
150	✓	✓	5/5/50

If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy